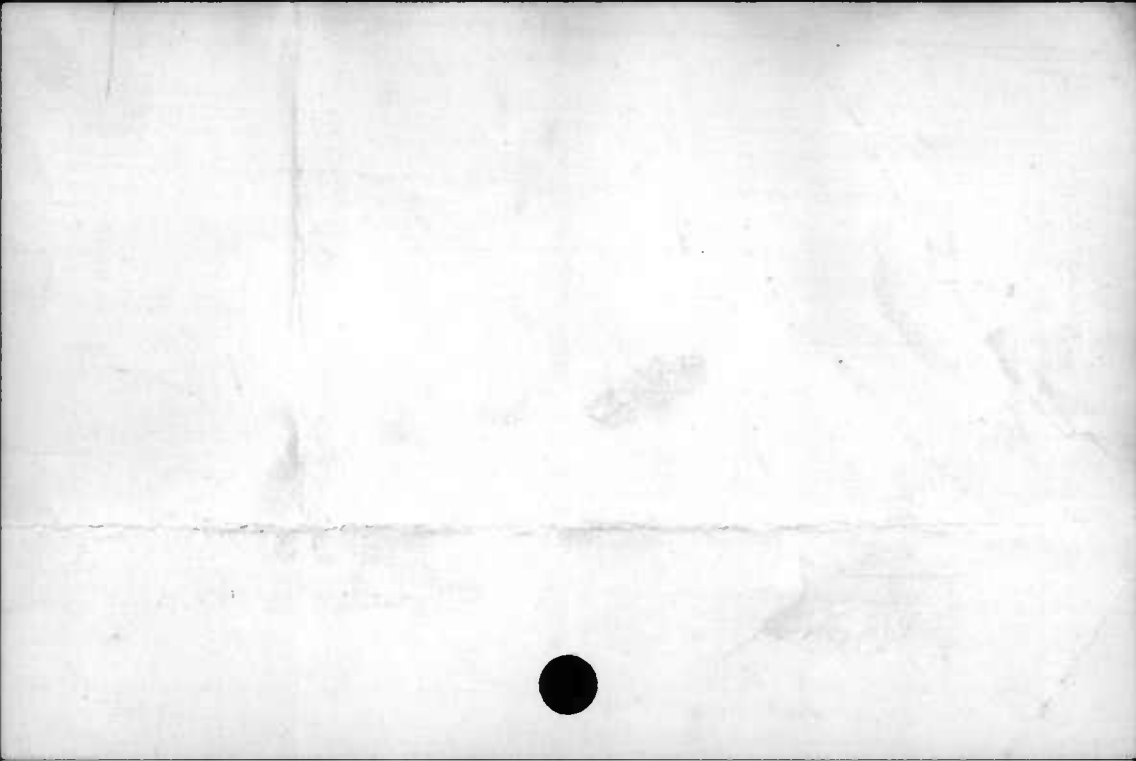


Name in Full Frank Ballard		Town Upper Fairmount		County Somerset		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month Apr		Day 11		Years 2		Months 6	
Sex Male		Color or Race Colored		Birth-place Maryland		Days	
Occupation		Where Residing if not at place of death Upper Fairmount					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Francis Ballard		Father's Birthplace					
Mother's Maiden Name Michelle Ball		Mother's Birthplace					
Name of person giving Information		How related to deceased					
CAUSES OF DEATH							
Primary Loa Grippe		How long					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician G. W. Gill		Address Maryland			
Accident or Suicide?							



Name
in
Full

Marie Barkley

CERTIFICATE OF DEATH

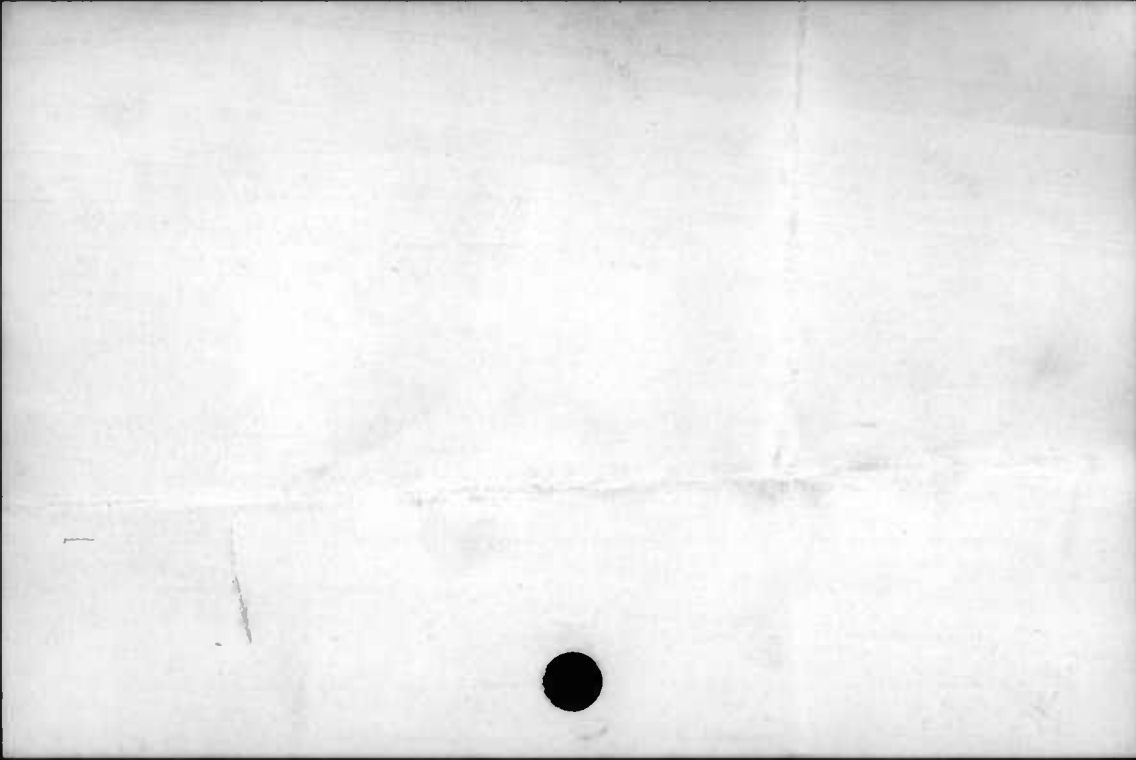
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Vernon</i>		Town <i>Somerset Co</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>19</i>	Age <i>2</i>	Years	Months <i>1</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colard</i>		Birth-place <i>Baltimore</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>Mt Vernon</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>do not no</i>				Father's Birthplace			
Mother's Maiden Name <i>Sadie Barkley</i>				Mother's Birthplace <i>Mt Vernon</i>			
Name of person giving information <i>Ruf Barkley</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exhaustion</i>	(179)	How long <i>1 day</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician	
	Address	
Accident or Suicide?		



Name
in
Full

Margaret Ann Carter

CERTIFICATE OF DEATH

Died at ^{Town} Hopewell,^{County} Somerset

MARYLAND

Date of death 1905 April

Day 21

Age 36

Months

Days 4

Sex Female

Color or
Race

White

Birth-
place

Virginia

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Wm. J. Carter

Father's
Name

John Taylor

Father's
Birthplace

Virginia

Mother's
Maiden Name

Ellen Bonnevill

Mother's
Birthplace

Virginia

Name of person giving
In formation

Ivory Thomas Taylor

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Puerperal Fever

How long

8 days

Immediate

Exhaustion

How long

one day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

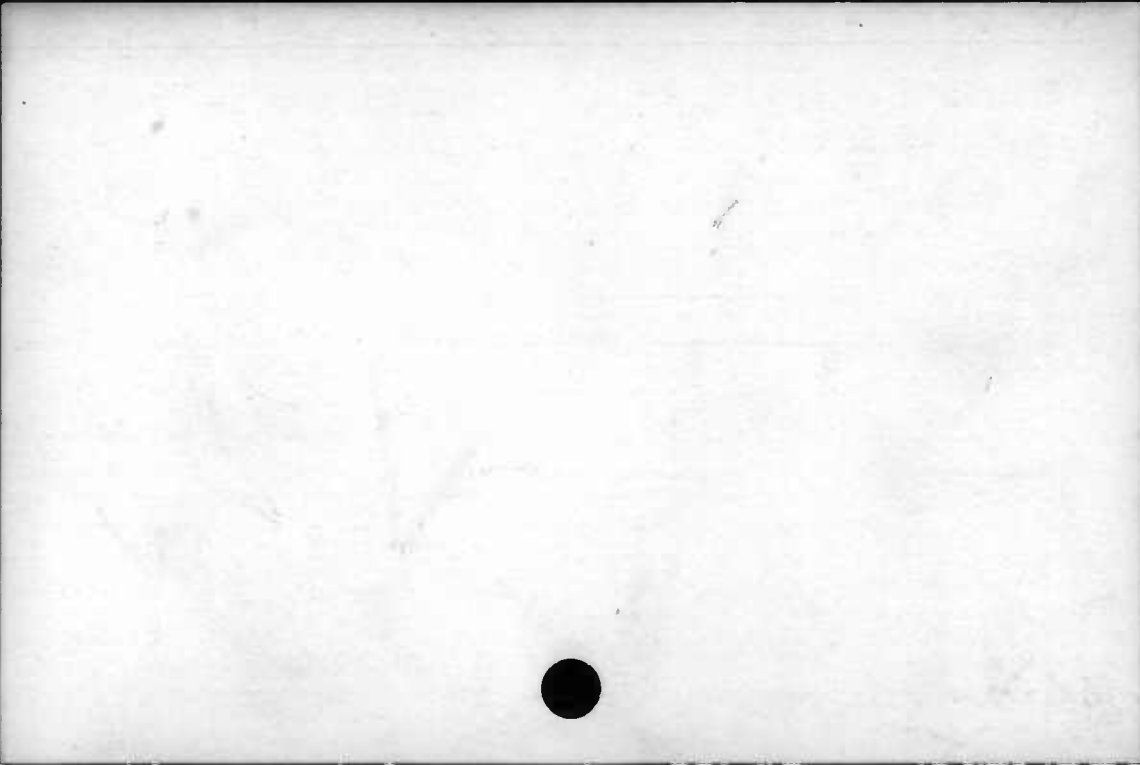
D. B. Bruce M.D.

Address

Marion Station
Somerset Co., Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

David Cottman

CERTIFICATE OF DEATH

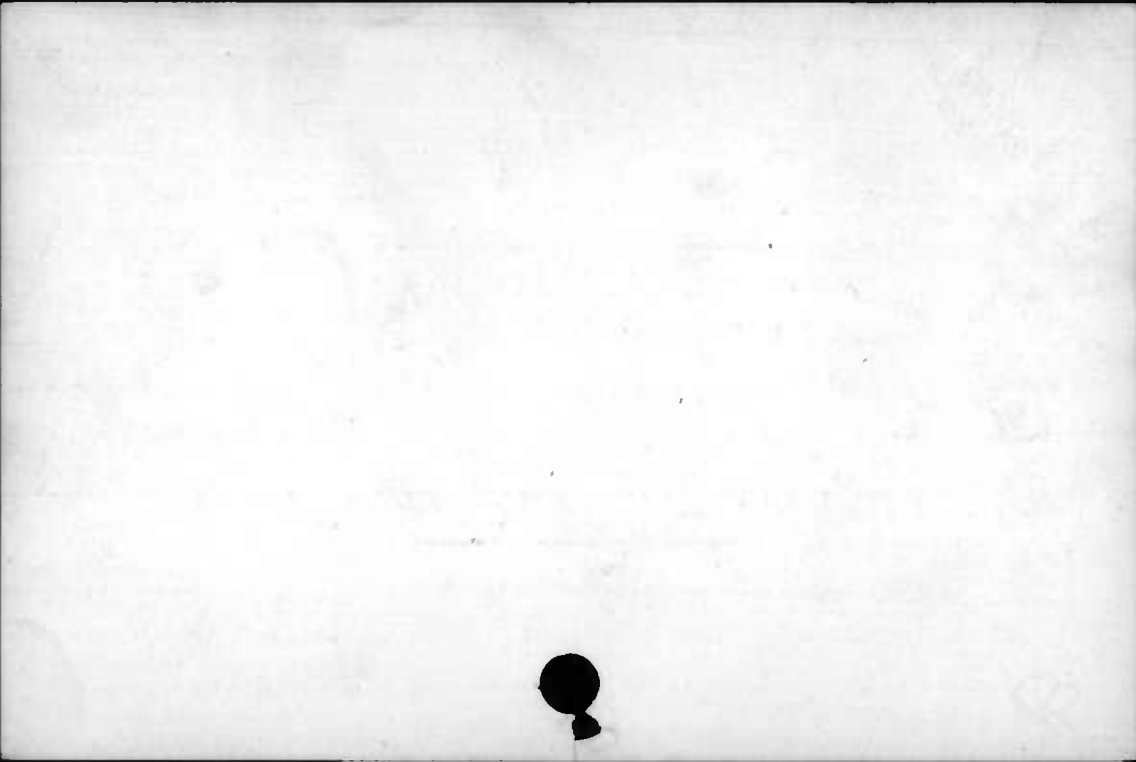
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Princess Anne		County Somerset		MARYLAND			
Date of death		Month Apr		Day 24		Age Years 74		Months	Days
Sex Colored		Color or Race				Birth- place P. Anne.			
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband Ellin Cottman					
Father's Name David Cottman				Father's Birthplace P. Anne					
Mother's Maiden Name Bridget Cottman				Mother's Birthplace P. Anne					
Name of person giving In formation Edward Cottman				How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	179	How long L
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician James J. Dennis
		Address Undertaker
Accident or Suicide?		



Name
in
Full

John E Hayward

CERTIFICATE OF DEATH

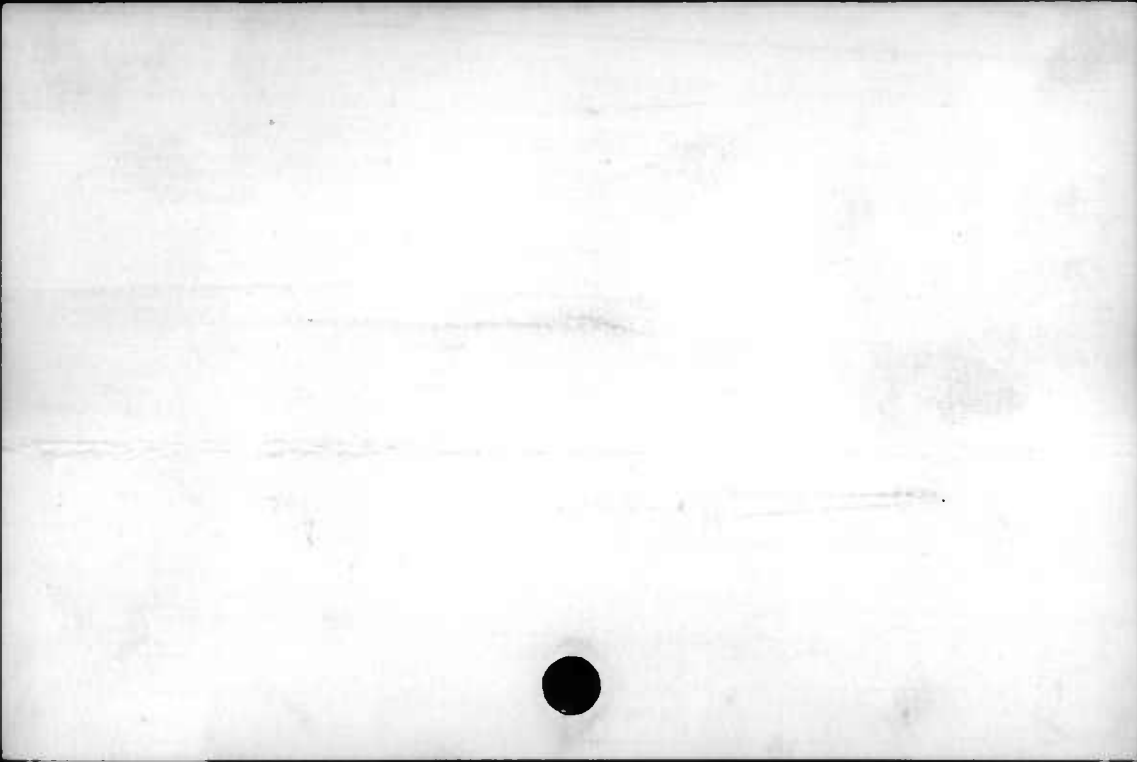
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>his home near Pocumtuck City</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>14</i>	Age <i>79</i>	Years	Months <i>3</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co near Snow Hill Md</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Sarah H Curtis</i>					
Father's Name <i>John E Hayward</i>				Father's Birthplace <i>Somerset Co Md</i>			
Mother's Maiden Name <i>Margaret Dyer</i>				Mother's Birthplace <i>near Snow Hill Worcester Co</i>			
Name of person giving Information <i>William H Hayward</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congestion of Brain</i>	How long <i>About one month</i>
Immediate <i>General Paralysis</i>	How long <i>Coming on a month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Isaac T Boston</i>
	Address <i>Pocumtuck City Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

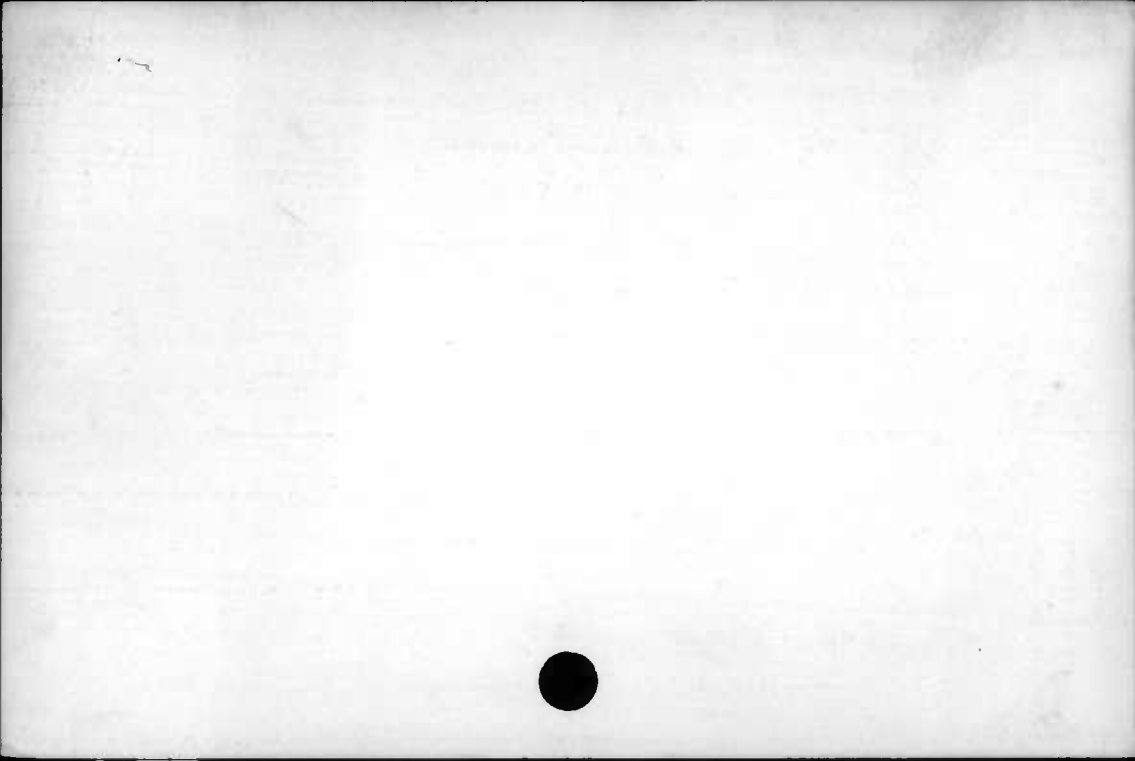
TO BE ANSWERED BY
NEAREST FRIEND

John L Miles		Town		County		MARYLAND	
Died at Lonsom dit							
Date of death 1905		Month 4		Day 25		Age 61	
Sex Male		Color or Race White		Birth-place Lonsom dit		Months 4	
Occupation Lonsom		Where Residing if not at place of death		Same Place		Days 25	
Married, Single or Widowed Married		Name of Wife or Husband		Hattie Miles			
Father's Name George Miles		Father's Birthplace		Lonsom dit			
Mother's Maiden Name Sarah McLenedy		Mother's Birthplace		Somerset Co			
Name of person giving information J S Lonsom		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Recent fallin	179	How long	Immediate
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		had none
yes		Address		
Accident or Suicide?				



Name
in
Full

Rosie J. Rizzini

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Lawsonville* TownCounty *Somerset*

MARYLAND

Date of death *1905* *April* MonthDay *8*Age *59* Years

Months

Days *22*Sex *Female*Color or Race *White*Birth-place *Lawsonville Md*Occupation *Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *John H. Rizzini*Father's Name *Thomas Byrd*Father's Birthplace *Lawsonville*Mother's Maiden Name *Susanna E. Byrd*Mother's Birthplace *Lawsonville*Name of person giving
information *John L. Rizzini*☒ How related
to deceased *Son*

CAUSES OF DEATH

Primary *Pulmonary Consumption*How long *10 years*

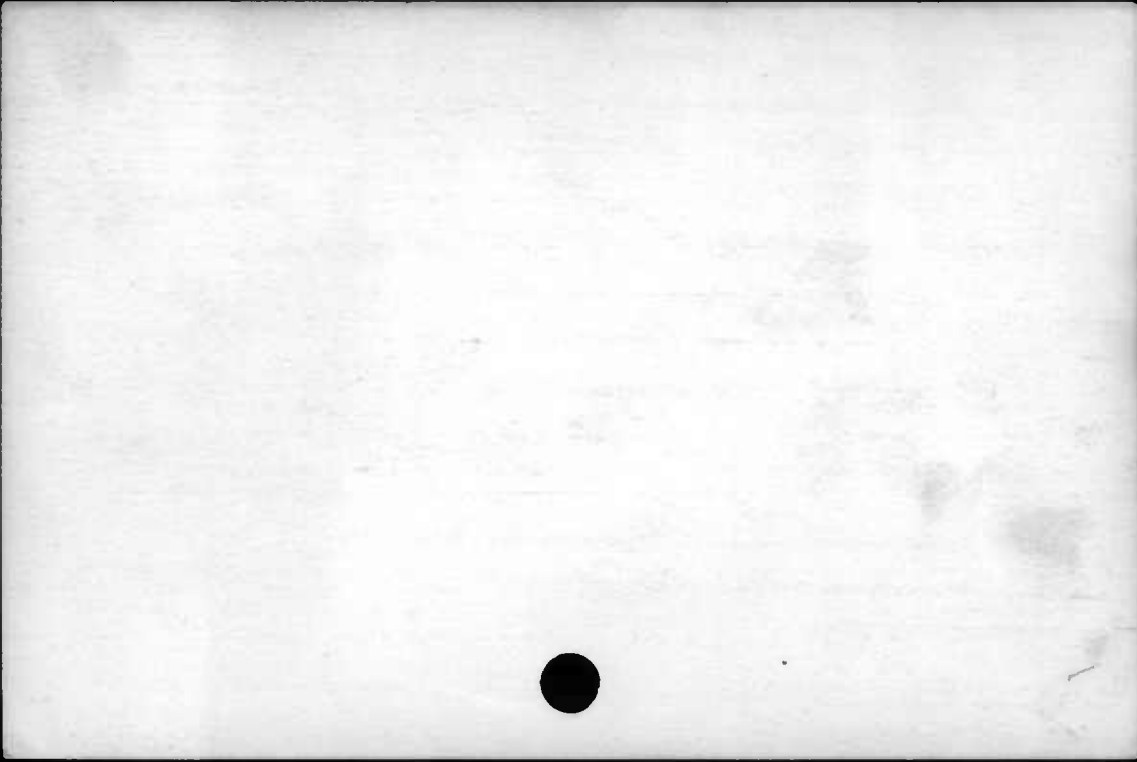
Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

W. H. Hall
Crisfield Md

Accident or Suicide?



Name in Full

Certificate of Death

Laura Small

Town

County

Died at Fairmount

Somerset

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

4

16

Age 45

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name Levin Small

Mother's

Maiden Name

Martha Williams

Cause of

Primary

Consumption

How long sick

1 yr

Death

Immediate

27

Accident, Suicide, Homicide

Reported by

Rev H Hall

Address

Maurice P.O.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

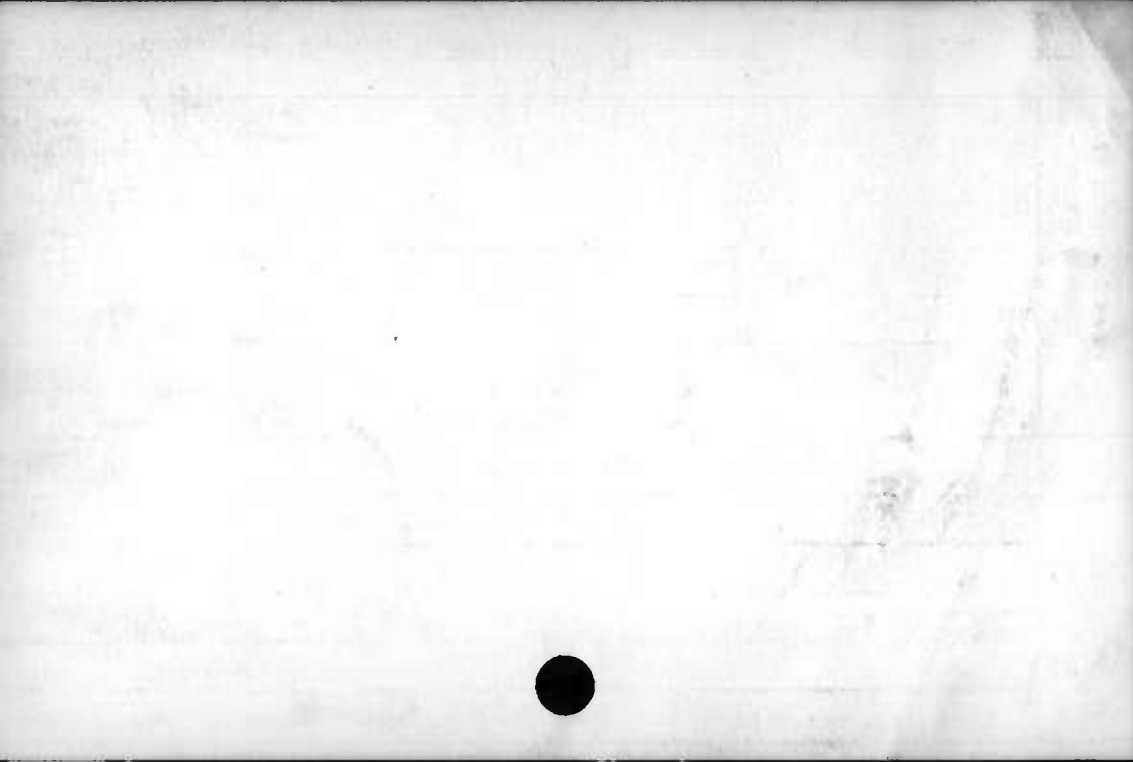
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Paulah Marie Smith		Town Kingston		County Somerset		MARYLAND	
Died at		Date of death 1905		Month Apr		Day 12	
Age 2		Years 2		Months 2		Days 3	
Sex Female		Color or Race Colored		Birth-place Kingston			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Frank Smith		Father's Birthplace Pocomoke City Md					
Mother's Maiden Name Sarah Dorsey		Mother's Birthplace Jamestown Md					
Name of person giving Information Frank Smith		How related to deceased father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chills & fever		How long 5 months	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician No physician	
		Address Frank Smith his father	
		Kingston Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James Smith</i>		Town <i>Washington</i>		County <i>District</i>		State <i>St. Louis</i>	
Date of death 190 <i>5</i>		Month <i>April</i>	Day <i>4</i>	Age <i>55</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>St. Louis Co. Mo.</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>laborer</i>					
Name of Wife or Husband <i>Maggie Smith</i>							
Father's Name <i>Edie Smith</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>As not known</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Alfred Smith</i>				How related to deceased <i>no relation</i>			

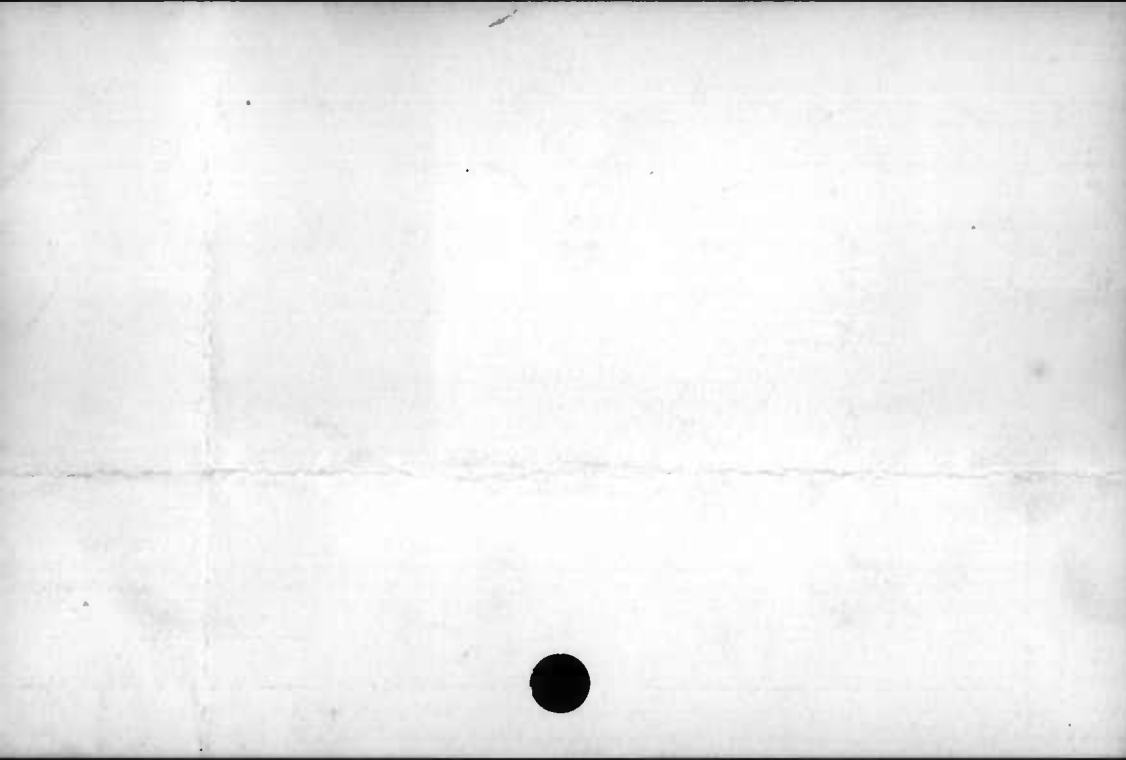
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis following Se. Guppus</i>	How long <i>2 mths</i>
Immediate <i>Phthisis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Wilson M. D.</i>
	Address <i>Birmingham City Ala.</i>
Accident or Suicide? <i>✓</i>	



Name in Full		Elmer Wright				CERTIFICATE OF DEATH			
		Town		County		MARYLAND			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Chand		Somerset			
		Date of death 1901		Month	Day	Age	Years	Months	Days
				apt.		1st		2	
		Sex		male		Color or Race		Colored	
		Married, Single or Widowed		—		Occupation		—	
		Name of Wife or Husband				Birth-place		Som. Co.	
		Father's Name		Roth. Wright		Father's Birthplace		Som. Co.	
Mother's Maiden Name		Fannie Pinkett		Mother's Birthplace		Som. Co.			
Name of person giving information		Fannie Wright		How related to deceased		Mother			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long		3 mos.	
		Immediate		Asthenia		How long		—	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		D. Winters, M.D.	
						Address		Lafayette Quarter, Somerset Co., Md.	
		Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Chance</i>		County <i>Dorchester</i>		MARYLAND
	Date of death <i>1903</i>	Month <i>apt.</i>	Day <i>28th</i>	Age	Years Months Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Som. Co.</i>	
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <i>Ernest Tyler</i>		Father's Birthplace <i>Som. Co.</i>		
	Mother's Maiden Name <i>Ada Kelly</i>		Mother's Birthplace <i>Som. Co.</i>		
	Name of person giving information <i>Ada Tyler</i>		How related to deceased <i>mother</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Still Born</i>		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. J. Winsor, M.D.</i>		
			Address <i>Somerset Co., Md.</i>		
	Accident or Suicide?				

